

Wisconsin Department of Safety and Professional Services

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

EXPERIENCE RECORD

Instructions: Make statement concise. Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility. University or college shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your last entry. If you have additional engagements, complete and submit another copy of this form (**Form #463**) for review.

Applicant Information:			
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Credential Applying For: <input type="checkbox"/> Architect <input type="checkbox"/> Designer of Engineering Systems <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Professional Land Surveyor			
1. Name of Employer: <input type="text"/>		Title of Position: <input type="text"/>	
Address of Employer: <input type="text"/>		Employment Period: (include month/year) From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Extent of Experience and Responsibility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported: <input type="text"/>		Title of Individual familiar with engagement: <input type="text"/>	
Address of Individual familiar with engagement: <input type="text"/>		Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per Week: <input type="text"/> Total: (Year/Month) <input type="text"/>	

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2. Name of Employer: <input type="text"/>	Title of Position: <input type="text"/>
Address of Employer: <input type="text"/>	Employment Period: (include month/year) From: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Extent of Experience and Responsibility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported: <input type="text"/>	Title of Individual familiar with engagement: <input type="text"/>
Address of Individual familiar with engagement: <input type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per Week: <input type="text"/> Total: (Year/Month) <input type="text"/>

3. Name of Employer: <input type="text"/>	Title of Position: <input type="text"/>
Address of Employer: <input type="text"/>	Employment Period: (include month/year) From: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Extent of Experience and Responsibility: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Information of Individual (not deceased) familiar with engagement, preferably the person to whom the applicant reported: <input type="text"/>	Title of Individual familiar with engagement: <input type="text"/>
Address of Individual familiar with engagement: <input type="text"/>	Hours Worked: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Hours per Week: <input type="text"/> Total: (Year/Month) <input type="text"/>